PBHCI Tobacco Cessation Webinar Series
The Use of EHRs as a Tool
for Tobacco Cessation

Thursday, July 11, 2013

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AGENDA

- EHRs and chronic care
- Tobacco Measures/Objectives
- Effectively recording in EHR
- Strategies for Clinician and Client Engagement

Electronic Health Records: An Opportunity

Identified as an opportunity to:

- Save time, space, and money
- Identify high-risk individuals
- Improve the quality of care
- Strengthen the continuum of care
- Communicate information more efficiently
- Reduce medical errors
- Improve legal and regulatory compliance

Hillestad et al., 2005; Hivert et al., 2009; Shea & Hripcsak, 2010

(Wagner)

EHR: A Key to Chronic Care

- Effective clinical interventions exist, but provider rates of intervention remain unacceptably low.
  - Over 90% of those trying to quit making unaided attempts (Fiore et al, 2008).
  - Smokers are infrequently referred to specialized tobacco cessation clinics.
  - Those referred often fail to attend or drop out prematurely.

- EHRs may demonstrate that tobacco use in clinic and hospital settings are feasible and effective.

Addington et al., 1997; Fiore et al., 2007; Kruger et al., 2012; Partnership for Prevention, 2013

A Foundation for Tobacco Cessation

- Screening
- Assessment
- Treatment
- Referral
- Follow-up
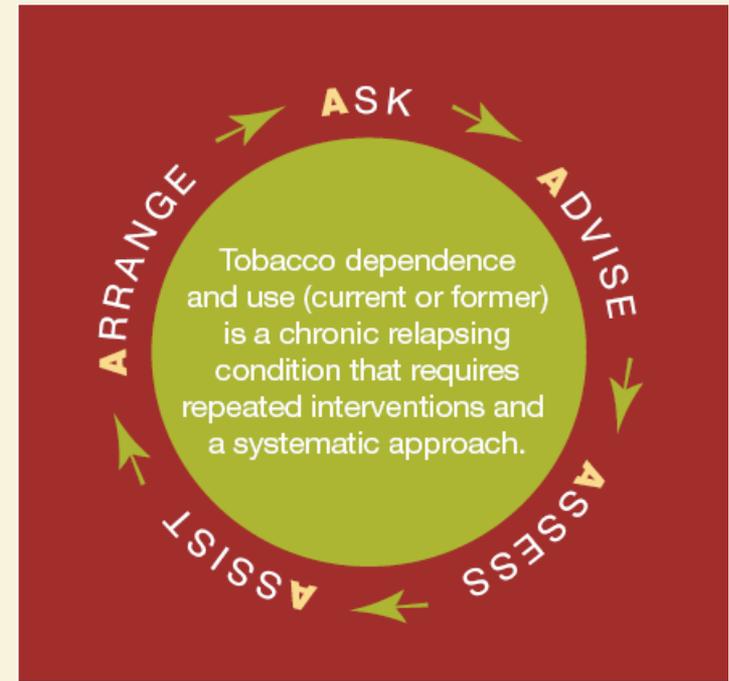
EHR: Tobacco Use Domains

- Identification of tobacco users
  - Current every day smoker
  - Current some day smoker
  - Former smoker
  - Never smoker
  - Smoker, current status unknown
  - Unknown if ever smoked

EHR: Tobacco Use Domains

- Brief intervention

- Offer of medications

- More intensive treatment

- Referral (electronic or fax) to the state quitline or other community resources

- Feedback reports to the patient's medical record (Stage 3 Meaningful Use recommendations)

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Tobacco Cessation and Meaningful Use

- 2009 – Center for Medicaid/Medicare Services (CMS) Final Rule for Stage 1 Meaningful Use

- 2010 – Requirements and Specifications Issued

  - Core Measure 9 of 15 – Record Smoking Status
  - Core Measure 10 of 15 – Report Ambulatory Clinical Quality Measures (CQMs)
    - Core CQMs - NQF 0028 Preventative Care and Screening Measure Pair
    - "Additional" CQM - NQF 0027 Smoking and Tobacco Use Cessation, Medical Assistance

Core Objective/Measure 9 of 15

- Measure 9 of 15 – Record Smoking Status
  - Objective: Record smoking status for patients 13 and older.
  - Measure: More than 50 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.

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Core Objective/Measure 9 of 15 Implementation

- "Unique" patient = a patient seen in the reporting year (in this case, the PBHCI grant reporting year); number of times seen not relevant

- After determining and recording the status, the frequency of updating data is left to the provider; it can be updated by asking "is there a change in your smoking status?" in subsequent visits

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/9_Record_Smoking_Status.pdf

Reporting on Clinical Quality Measures (CQMs) for Meaningful Use – CQMs Related to Tobacco

- Reporting on Clinical Quality Measures (CQMs) a requirement for Meaningful Use

- CQMs acceptable for Meaningful Use identified by the National Quality Forum (NQF)

- CQMs found in Meaningful Use Core Objective #10
  - Report ambulatory clinical quality measures (CQMs) to CMS or, in the case of Medicaid eligible providers, the States. Eligible Professionals must report on 6 total measures: 3 Core CQMs (substitute the "Alternate" CQM if necessary) and 3 "Additional" CQMs

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Core CQM Related to Tobacco Cessation

- NQF 0028 - Preventive care and screening measure pair:

  - A) Tobacco assessment – percent of patients 18+ who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months

  - B) Tobacco cessation intervention– percent of patients 18+ identified as tobacco users within the past 24 months who received cessation intervention

  http://electronicmedicalresources.com/wp-content/uploads/2012/07/0028ab-Smoking-Assessment.pdf

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A Closer Look at the Core CQM Related to Tobacco

Core Set CQM NQF 0028 Preventative Care and Screening Measure Pair
(Two Denominators and two Numerators for two sets, total)

Denominator (a) All male and female patients 18 years or older with at least 2 encounters within the reporting year and the year prior (24 month period)

Numerator (a) Patients in the above list who were queried for tobacco use one or more times during the reporting period

Denominator (b) All male and female patients 18 years or older with at least 2 encounters during the reporting period and who were also identified as tobacco users by having one of the following diagnosis: 305.1, 305.10, V15.82

Numerator (b) Patients in the above list who either received counseling or a prescription for a smoking cessation agent

"Additional" CQM Related to Tobacco Cessation

- Three "Additional" CQMs must be selected and reported on from a list of 44 CQMs approved by the NQF
- Three in the list of 44 are specific to and approved for BH
- One of these three is specific to tobacco cessation

Additional CQM NQF 0027

- Smoking and Tobacco Use Cessation, Medical assistance:
  - (a) Advising Smokers and Tobacco Users to Quit
  - (b) Discussing Smoking and Tobacco Use Cessation Medications
  - (c) Discussing Smoking and Tobacco Use Cessation Strategies

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Measure for "Additional" CQM (NQF 0027) Related to Tobacco Use

Measure

> "Percentage of male and female patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies."

A Closer Look at "Additional" CQM NQF 0027 Related to Tobacco Use

- *One denominator, two numerators (two sets total)*
- **Denominator** - All male and female patients 18 years or older with <u>at least 1 encounter</u> during the reporting period
- **Numerator 1** - Patients in the above list who were also identified as smokers. A patient is considered to be a tobacco user if there is a diagnosis during the reporting period of 305.1, or 305.10. V15.82
- **Numerator 2 -** Patients in the above list who received advice to quit tobacco use or whose practitioner recommended or discussed tobacco use cessation medications or strategies.

http://electronicmedicalresources.com/wp-content/uploads/2012/07/0027_Smoking-and-Tobacco-Use-Cessation_Medical-Assistance.pdf

Program Description: Workflow

(Land et al., 2012)

Legend: Y = Yes; N = No; MA = Medical Assistant; APC = Advanced Practice Clinician
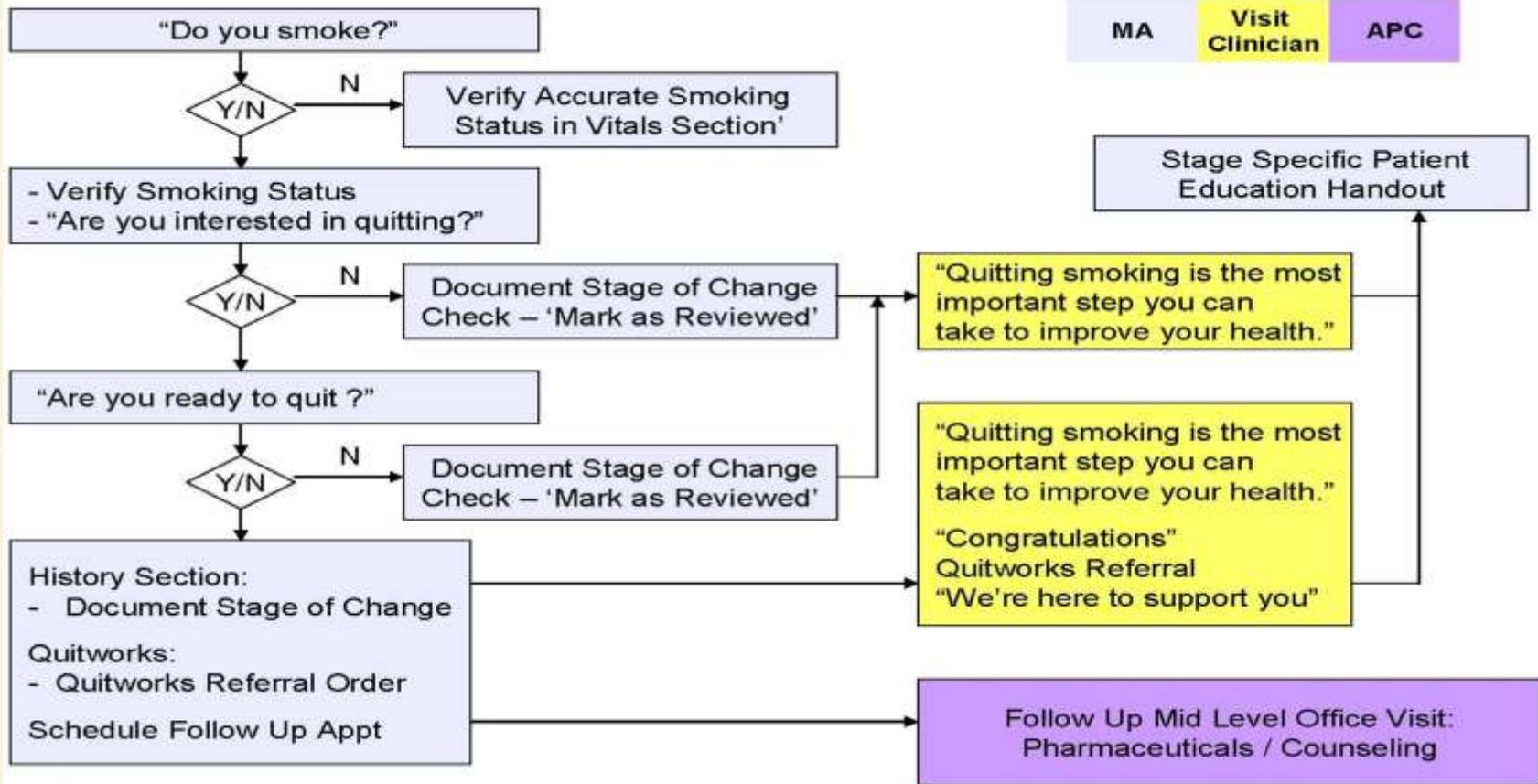
Adding Tobacco Use to Vitals

(Lindholm et al., 2010)

Key Clinical Questions

- Does the system itself work?

- Do tobacco use interventions prompted by and documented in EHRs produce the desired population health and cost outcomes?

- Does the EHR lead to sustained clinician engagement?

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The Evidence

- A recent study of over 4,000,000 electronic encounter records in a 17-clinic healthcare delivery system found:

    - >80% smoker identification and cessation intervention
    - Improved Health Outcomes

Land et al., 2012

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The Evidence

- 19 primary care clinics randomized to receive provider-specific monthly reports based on EMR data on referrals to the state tobacco quitline.

  - Modification of the medical record to support a fax referral to the state quitline

  - Feedback to clinicians based on data generated by the EMR

    - Increased asking, advising, assessing, and assisting.
    - No difference in referral to quitline

Boyle et al., 2010

Overall Research Conclusions

- Tracking and services required through ACA, HRSA, Joint Commission but…

- While promising, more study is needed regarding
  - Whether the EHR can substantially increase tobacco treatment clinical interventions
  - What EHR components are most effective
  - The length of the intervention process and how much of scheduled appointments EHR-based processes consume

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Sustainable Organizational Change
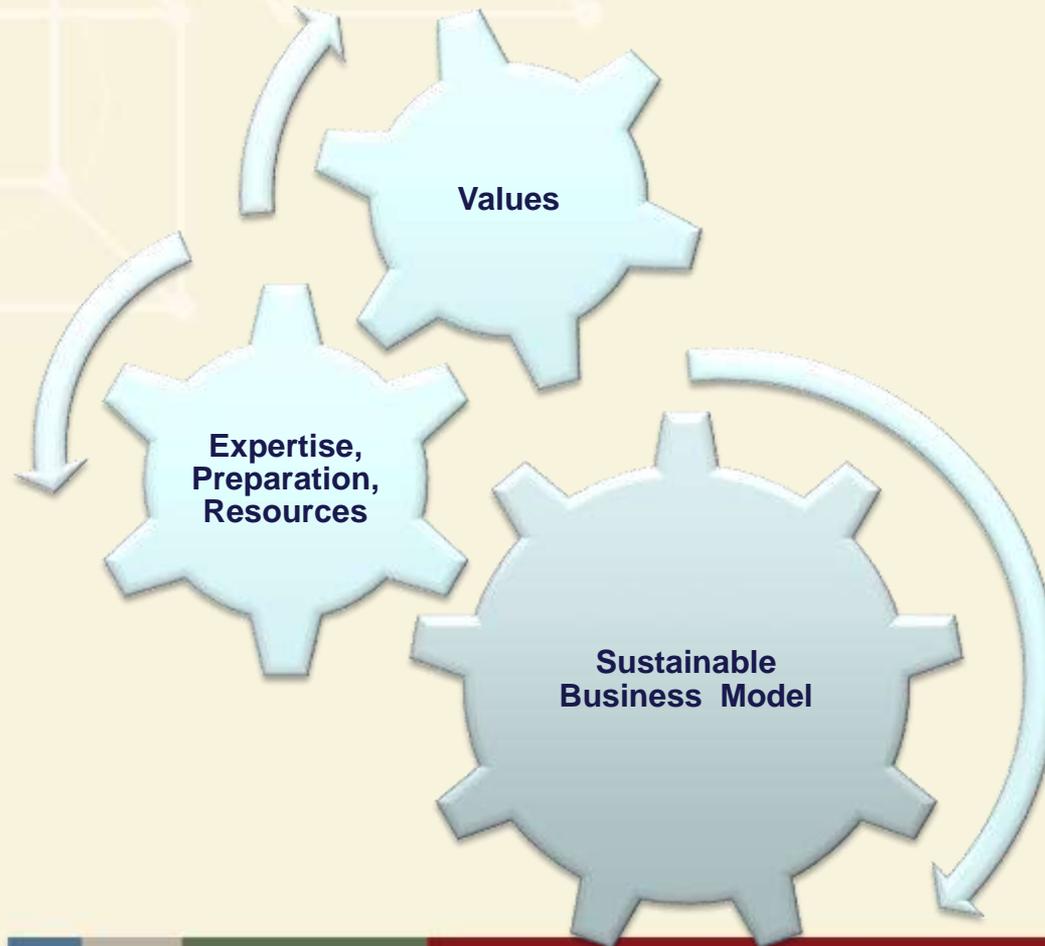
Quality of care has been defined as "doing the right thing at the right time in the right way to the right person and having the best possible results"

(AHRQ, 2004)
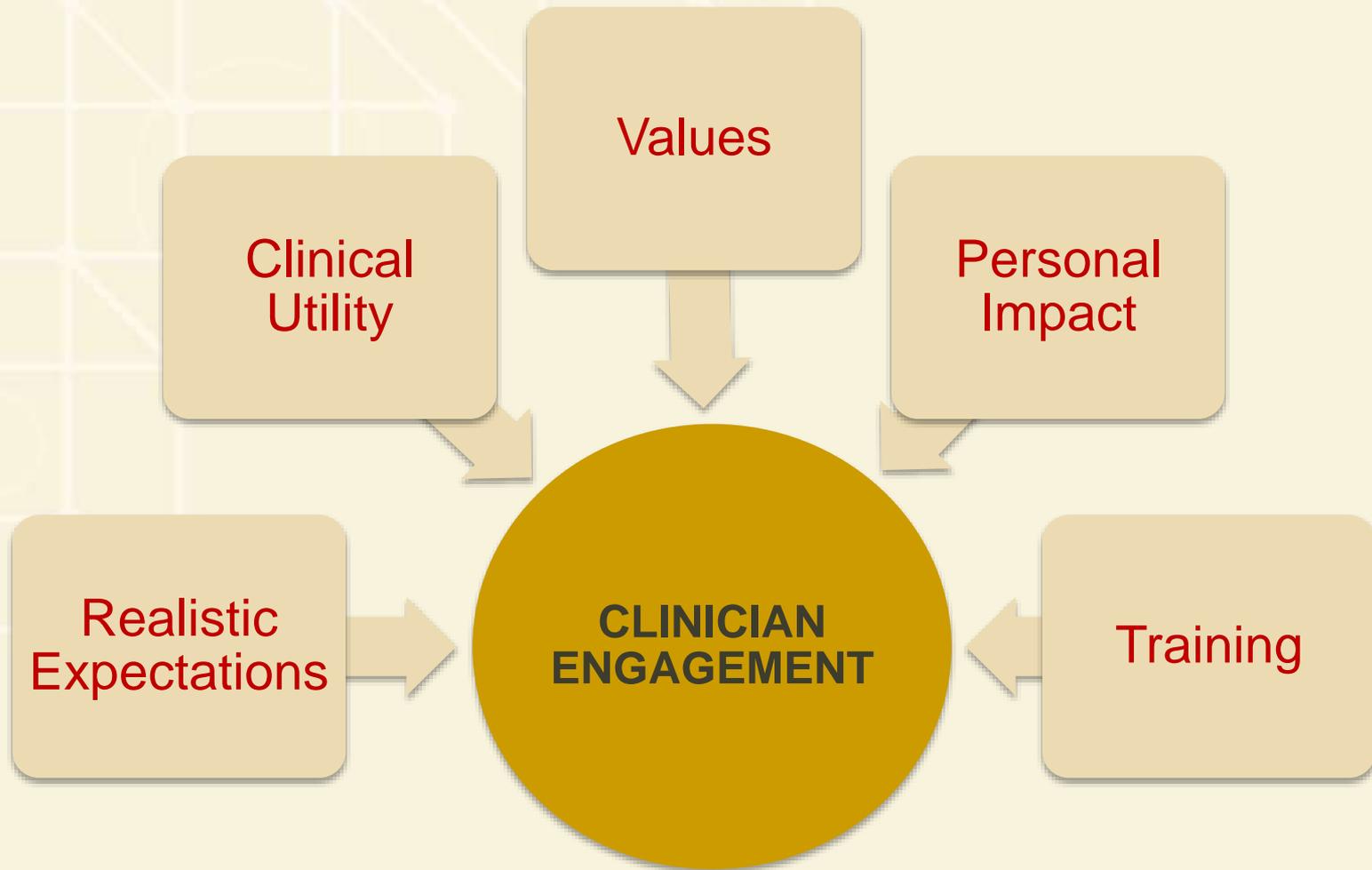
Clinical Implementation Steps

- Leadership directive
- Setting workflow and integration strategies
  - Clear role expectations
  - Team communication
  - Human resources
- Prepared practices
  - IT vs. the human factor
  - Meeting staff where they are at (e.g., technology, wellness)
- Tempering expectation
  - Temporary loss of productivity
- Measuring progress & addressing bottlenecks

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Stages of Change

Stage	Definition	Intervention
Pre-contemplation	Not considering changing	Educate/Inform
Contemplation	Thinking about making a change	Encourage/Motivate
Preparation	Actively considering changing in the immediate future or within the next month	Assist with goal setting
Action	Making overt attempts to change	Provide support, assist as needed to overcome barriers
Maintenance	Made changes for longer than six months	Continued support, set new goals when ready

Training Resources

DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers

http://www.bhwellness.org/toolkits/Tobacco-Free-Toolkit.pdf

SUPPLEMENT: Priority Populations: Behavioral Health

http://www.bhwellness.org/toolkits/TF-Toolkit-Supp-Behavioral-Health.pdf

Clinician Engagement

- Clinical utility
  - Managing information overflow
  - Linkage to protocols, care plans, critical paths, knowledge
  - Client motivation and client-directed materials
  - Feedback loop
- Sustained Impact
  - Increased satisfaction with practice & career
  - Decreased waste of resources, equipment, ideas, and energy

Resources

- CIHS Webpage on EHRs
  http://www.integration.samhsa.gov/operations-administration/hit#EHR

- National Learning Consortium
  http://www.healthit.gov/providers-professionals/step-5-achieve-meaningful-use-stage-1

- Office of the National Coordinator for Health Information Technology (ONCHIT)
  http://www.healthit.gov/policy-researchers-implementers/health-it-rules-regulations

- HRSA IT Adoption Toolkit
  http://www.hrsa.gov/healthit/toolbox/HealthITAdoptiontoolbox/index.html

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Thank You

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Please Join Us for Our Next Webinar in the PBHCI Tobacco Cessation Series

Topic: Medications and Nicotine Replacement Therapy as Tobacco Cessation Aids

Date: Thursday, August 8, 2013

Time: 2:00 – 3:30 PM EDT